

**PATIENT**

Ollie Collier

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

14 Months

**WEIGHT**

3.7 kg.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr. Zippay

**INVOICE**

13998

**DATE**

9/21/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for presented for fever since labor day weekend, was seen at rdvm twice, was started on Convenia, Cerenia, Veraflox, Steriods, Elura, SQF, does a little better after tx but then quickly declines again. Started vomiting tonight.

Previous Health Concerns:

Current Medications: Prednisone EOD, Cerenia, Mirtazapine, Allura, Doxy

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (0.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

*Pancreas*



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The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

## SPECIES

Feline

### *Free Abdomen*

The mesentery throughout the abdomen is hyperechoic. A moderate amount of slightly echogenic free fluid is present. A 0.94 cm medial iliac lymph node is visualized.

## BREED

Domestic shorthair

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The presence of ascites in the abdomen of a young cat is concerning for feline infectious peritonitis. Other considerations include congestive heart failure, septic abdomen, other.

### Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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## AGE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, further testing for infectious diseases including feline leukemia, FIV, FIP and toxoplasmosis is recommended.
- Submission of the free abdominal fluid for analysis and cytology should also be considered.
- If the patient spends time outdoors, also consider an infectious disease panel for vector borne diseases.
- Also consider three-view thoracic radiographs +/- an echocardiogram to assess cardiopulmonary status.

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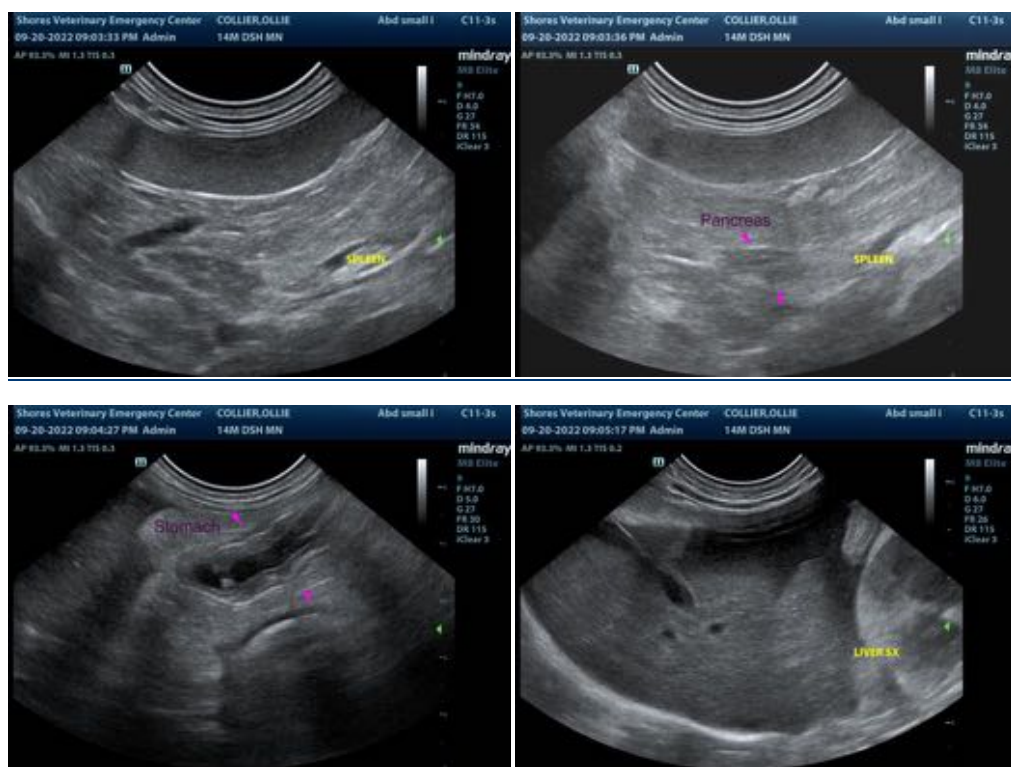
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com